DATENT	ADDL	ICATION.		DETERN	ΛΙΝΔ	TION	REC	ORD
DAILENI	ΛPPI		FFF	UFIFN			116	

Effective October 1, 2003

Application or Docket Number

10809800

Ellective October 1, 2003							10 00 70 00					
CLAIMS AS FILED - PART I			(Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY				
TOTAL CLAIMS							RA	ΓΕ	FEE	[RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS		20 minus 20=		*		X\$	9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		*		X4:	3=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT						+14	 5=		OR	+290=		
* If the difference in column 1 is less than zero, enter				"0" in c	olumn 2	TOT	AL		OR	TOTAL	770	
CLAIMS AS AMENDED - PAR' (Column 1) (Column					(Column 3)	SMA	ALL I	ENTITY	OR	OTHER SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA ⁻	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$	9=_		OR	X\$18=	
ME	Independent	*	Minus	***		=	X43	3=		OR	X86=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	CLAIM		+14	5=		OR	+290=	
TOTAL ADDIT. FEE OR ADDIT. FEE												
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDII.					-
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	IEST IBER	PRESENT EXTRA	RA ⁻	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***	- OL A184	=	X4:	3=		OR	X86=	· · · · · · · · · · · · · · · · · · ·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	5=		OR	+290=		
							T(ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)											
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA ⁻	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	X4:	3=		OR	X86=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		+14	 5=		OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												